

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

| SERVICE TYPE: Wheelchair Transport ALS Interfacility ALS Non-Transport ALS Helicopter ALS Non-Transport ALS Helicopter ALS Non-Transport ALS Helicopter ALS Transport ALS Helicopter ALS Transport ALS Non-Transport ALS Transport A | APPLICATION TYPE: NEW KI RENEWAL | | | | | | |
|--|--|-------------------------------------|--|--|--|--|--|
| BY A CAPTER POINT-OF-CONTACT. JEMY GLUCK REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Order of Requirements. SCANTURE OF FLORIDA COUNTY OF RECORDA SEALL WITCHEL WITCHEL PROSENDED TO THE STORY Level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements. I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations. SECONTURE OF FLORIDA COUNTY OF RUSC C. Subscribed and sworm to (or affirmed) before me this PATEICAL MICHEL PROSE SUBSCRIBE TO THE STORY TO | Z vinceionali Italispoit | | , | | | | |
| A TRINITY WHEELCHAIR TRANSPORTATION ADDRESS: 8343 ROYAL HART DR. ADDRESS: PHONE 727-389-1438 ADDRESS: FAX. 727-375-8/8/ CITY. STATE, ZIP CODE NEW POAT RICHEX, FL. 34653 OFFICIENDIRECTOR NAME & TITLE: VEC OFFICIENDIRECTOR NAME & TITLE: KATHLEEN GLUCK PRESIDENT TO -389-1438 HOME BIZ 44 03 PAOL. Com BUSINESS HOURS POINT-OF-CONTACT: TEMY GLUCK TEMY GLUCK REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Restricts, 1240 and ADL. Com REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Restricts Level of service provided, and retail rate schedule. Also include any new applicable, insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements. I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations. SIGNATURE OF FLORIDA COUNTY OF RUSC C. SUbscribed and sworn to (or affirmed) before me this DATE ATTECH C. APPLICANT: DATE ATT | TYPE OF ENTITY: Sole Proprietor Part | nership Non-P | Profit Corporation | | | | |
| A TRINITY WHEELCHAIR TRANSPORTATION B 343 ROYAL HART DR. ADDRESS: PHONE 727-389-1438 ADDRESS: FAX. 727-375-8/8/ CITY, STATE, ZIPCODE NEW PONT RICHEY, FL. 34653 OFFICEROPRECTOR NAME & TITLE: GENAU GLUCK PRESIDENT TIT-389-1438 Home Biz 40 03 D AOL. Com VICE OFFICEROPRECTOR NAME & TITLE: KATHLEEN GLUCK VICE-PRESIDENT TIT-389-1438 Home Biz 40 03 D AOL. Com BUSINESS HOURS POINT-OF-CONTACT: TELMY GLUCK THOURS POINT-OF-CONTACT: TEMY GLUCK THOURS POINT-OF-CONTACT: TEMY GLUCK TOT-389-1438 Home Biz 40 03 D AOL. Com PHONE NUMBER & E-MAIL: TIT-389-1438 Home Biz 40 03 D AOL. Com PHONE NUMBER & E-MAIL: TIT-389-1438 Home Biz 40 03 D AOL. Com PHONE NUMBER & E-MAIL: TIT-389-1438 Home Biz 40 03 D AOL. Com REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements. I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellias County Code or Rules and Regulations. SIGNATURE OF APPLICANT: DATE: 3 2 200 , who is/are personally known to (or affirmed) before me this 23 by Macros. EXPLOSED TO THE STATE OF THE STATE | ORGANIZATION NAME: | | HOURS OF ODERATION TO A HOUR | | | | |
| ADDRESS 2: ADDRESS 3: ADDRESS 2: ADDRESS 2: ADDRESS 3: ADDRESS 4: ADDRESS 4: ADDRESS 4: ADDRESS 4: ADDRESS 5: ADDRES | A TRIVITY WHEELCHAIR TRAN | spontation | , | | | | |
| COMY, STATE, ZIP CODE NEW PONT RICHEX FL, 34653 OFFICER/DIRECTOR NAME & TITLE: GENAU GLUCK PRESIDENT VICE OFFICER/DIRECTOR NAME & TITLE: KATHLEEN GLUCK VICE - PRESIDENT DEMY GLUCK TO -389-1438 Home Biz 44 03 Arol. Com BUSINESS HOURS POINT-OF-CONTACT: TEMY GLUCK TEMY GLUCK TO -389-1438 Home Biz 44 03 Arol. Com PHONE NUMBER & E-MAIL: TO -389-1438 Home Biz 44 03 Arol. Com AFTER HOURS POINT-OF-CONTACT: TEMY GLUCK REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applicable insurance Verification Requirements. I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations. SIGNATURE OF APPLICANT: DATE: DATE: ACCOUNTY OF PRESCE Subscribed and sworm to (or affirmed) before me this is/are personally known to me or has/base praduced. PATRICAL MICHELE. PHONE NUMBER & E-MAIL. TO -389-1438 Home Biz 44 03 Arol. Com PHONE BUSINESS HOURS PROME BIZ 44 03 Arol. Com PHONE BUSINESS HOURS PRICE TO AROL. Com PHONE BUMBER & E-MAIL TO -967-7455 Home Biz 440 Arol. TO -967-7455 Home Biz 440 | | | 11 Maria. | | | | |
| OFFICERDIRECTOR NAME & TITLE: GENALO GLUCK PRESIDENT VICE OFFICERDIRECTOR NAME & TITLE: WATHLEEN GLUCK VICE - PRESIDENT TO -389-1438 Home Biz 44 03 B Abl. Com BUSINESS HOURS POINT-OF-CONTACT: JEMY GLUCK TO -389-1438 Home Biz 44 03 B Abl. Com BUSINESS HOURS POINT-OF-CONTACT: JEMY GLUCK TO -389-1438 Home Biz 44 03 B Abl. Com REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements. I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations. SIGNATURE OF APPLICANT: DATE: DATE: | | | 727-375-8181 | | | | |
| GENALO GLUCK PRESIDENT VICE OFFICERDIRECTOR NAME & TITLE LATHLEEN GLUCK VICE - PRESIDENT PHONE NUMBER & E-MAIL: 727 - 967 - 7455 Home biz 4v03 D Aol. Com BUSINESS HOURS POINT-OF-CONTACT: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 389 - 1438 Home biz 4v03 D Aol. Com P | NEW PORT RICHEY, FL. 3 | | | | | | |
| RATHLEEN GLUCK VICE - INES. 10EY 727 - 967 - 745 Hume & 4403 D Aol. Com BUSINESS HOURS POINT-OF-CONTACT: JEMY GLUCK AFTER HOURS POINT-OF-CONTACT: JEMY GLUCK AFTER HOURS POINT-OF-CONTACT: JEMY GLUCK AFTER HOURS POINT-OF-CONTACT: PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home & 12 40 83 D Aol. Com REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements. I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations. SIGNATURE OF APPLICANT: DATE: 3 / 23 / 20 20 SUBScribed and sworn to (or affirmed) before me this PATRICIAL MITCHELL Notary Public - State of Florida Commission 7 GG 294824 STATE OF FLORIDA COUNTY OF PCISCO Subscribed and sworn to (or affirmed) before me this PATRICIAL MITCHELL Notary Public - State of Florida Commission 7 GG 294824 SEAL Source PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 1438 Home Biz 4v 03 D Aol. Com PHONE NUMBER & E-MAIL: 727 - 38 9 - 143 | GERALD GLUCK PRESIDENT | 717-389-19 | 438 Home Biz 40 03 B AOL. Com | | | | |
| AFTER HOURS POINT-OF-CONTACT: TEMY GLUCK PHONE NUMBER & E-MAIL: TO - 38 9 - 1438 Home 612 4v 83 0 Aol. Com REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations. SIGNATURE OF APPLICANT: DATE: 3 / 23 / 20 20 STATE OF FLORIDA COUNTY OF Pasco Subscribed and sworn to (or affirmed) before me this is/are personally known to me or has/have produced PATRICIAL MITCHELL NOTATIVELY STATE OF FLORIDA Notary Public - State of Florida Commission & 60 294824 My Comm. Expires Mar 16, 2023 Bonded through National Notary Assn. (SEAL) SEMAN STATE OF FLORIDA NOTATIVELY STATE OF FLORIDA NOTATIVELY SASION Subscribed and sworn to (or affirmed) before me this is/are personally known to me or has/have produced PATRICIAL MITCHELL NOTATIVELY NOT | KATHLEEN GLUCK VICE-PRESIDENT | 727-967-7455 HUME 12 4003 DAOL. Com | | | | | |
| REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements. I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations. SIGNATURE OF APPLICANT: 3/23/2020 STATE OF FLORIDA COUNTY OF ROSE CO Subscribed and sworn to (or affirmed) before me this by March 2020, who is/are personally known to me or has/have graduced F1. Dk. G 420 290 4 188 as identification. PATRICIA L. MITCHELL Notary Public - State of Florida My Comm. Expires Mar 16, 2023 Bonded through National Notary Assn. (SEAL) SEAL OF THE ROSE IN THE STATE OF APPLICANT: The County of the requirements of the Pinellas County Order of Requirements of the Pinellas County Order of Requirements. The County of the requirements of the Pinellas County Order of Requirements. The County of the requirements of the Pinellas County Order of Requirements. The County of the requirements of the Pinellas County Order of Requirements. The County of the Record of the Requirements of the Pinellas County Order of Requirements. The County of the Record of the Requirements of the Pinellas County Order of the Pinellas Cou | JERNY GLUCK | 727-389-1438 HOMEBIZ4U 030 ADL. COM | | | | | |
| STATE OF FLORIDA COUNTY OF Parsical and sworn to (or affirmed) before me this | | | | | | | |
| I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations. SIGNATURE OF APPLICANT: DATE: 3 /23/2020 STATE OF FLORIDA COUNTY OF PCSCC Subscribed and sworn to (or affirmed) before me this 23 by MCCCA 2020, who is/are personally known to me or has/have preduced F1. Dic G 420 29064 1880 as identification. PATRICIA L. MITCHELL Notary Public - State of Florida Commission # GG 294824 My Comm. Expires Mar 16, 2023 Bonded through National Notary Assn. (SEAL) | incorporation, Certification of Fictitious Name (d.b.a) if | applicable, insurant | ce Verification for the highest level of convice | | | | |
| STATE OF FLORIDA COUNTY OF PCISC CO Subscribed and sworn to (or affirmed) before me this 23 by March 2020, who is/are personally known to me or has/have produced FI. Dh. G. 42029064 188 as identification. PATRICIA L. MITCHELL Notary Public - State of Florida Commission # GG 294824 My Comm. Expires Mar 16, 2023 Bonded through National Notary Assn. (SEAL) OPATRICIA L. MITCHELL Notary Public - State of Florida Commission # GG 294824 My Comm. Expires Mar 16, 2023 Bonded through National Notary Assn. | I, the undersigned representative of the above named to revoked if at any time the firm fails to meet all of the requirements. | irm, do hereby ackn | owledge this certificate may be suspended or | | | | |
| STATE OF FLORIDA COUNTY OF PCLSCO Subscribed and sworn to (or affirmed) before me this 23 by March 2020, who is/are personally known to me or has/have preduced F1. Dk. G 42029064188 as identification. PATRICIA L. MITCHELL Notary Public - State of Florida Commission # GG 294824 My Comm. Expires Mar 16, 2023 Bonded through National Notary Assn. (SEAL) (SEAL) (SEAL) | SIGNATURE OF APPLICANT: | | | | | | |
| Subscribed and sworn to (or affirmed) before me this 23 by March 2020, who is/are personally known to me or has/have produced F1. Dh. G 420290641880 as identification. PATRICIA L. MITCHELL Notary Public - State of Florida Commission # GG 294824 My Comm. Expires Mar 16, 2023 Bonded through National Notary Assn. (SEAL) (SEAL) OF TO SEAL OF THE SEAL O | | | | | | | |
| Commission # GG 294824 My Comm. Expires Mar 16, 2023 Bonded through National Notary Assn. | | | | | | | |
| Commission # GG 294824 My Comm. Expires Mar 16, 2023 Bonded through National Notary Assn. | Subscribed and sworn to (or affirmed) before me this 23 by March, 2020, who | | | | | | |
| Janus M. Trefell | Commission # GG 294824 My Comm. Expires Mar 16, 2023 Bonded through National Notary Assn. | FI. Da Gy | 20290641880 as identification. EEP. 5 28 22 | | | | |
| Form A. Rev. 02/06/2017 (Name of Notary typed, printed or Form stamped) | Form A Rev. 02/06/2017 | (Name of | f Notary typed, printed or Form stamped) | | | | |



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: A TRINITY WHEELCHAIR TRAUSIONFATION

Date: 2/26/2020

| Section | Inspection Items | Initials |
|---------|---|----------------------|
| 8.1 | Record all telephone lines when used for requests for transport, including cell phones.* | BA |
| | *Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria. | BR |
| 8.1 | Written record contains: Date Call Received Time Call Received Pick-up & Destination Address Arrival Time at Destination Client's Name Person Ordering Transport Telephone Number of Caller (*if applicable) | BA BB AB BB |
| 8.1 | Audio dispatch records shall be kept for a minimum of six (6) months. | BA |
| 8.1 | Written or electronic dispatch shall be kept for a minimum of three (3) years. | SB |
| 8.1 | Dispatch audio & written/electronic records shall be available for inspection. | M |

Form B Rev. 02/06/2017



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

| Name of Service: | A TRIVITY | WHEELCHAIR | TRANSPORTATION | Page:/ of/ |
|---|---|---|--|---|
| Provide Unit, Tag an attached, as long as | d VIN numbers for all vall required information | vehicles. If more lines a n is included. Contact E | re needed, it is acceptable to copy this form MS & Fire Administration for a Vehicle Insp | n. A Company Roster may be section appointment. |

| Unit Number | Florida Vehicle Tag Number | Vehicle Identification Number (VIN) | Client compartment observation mirror | Passenger floor properly maintained | Fire extinguisher 2A:10B:C | Operable interior lights | Free of dent/rust that interferes with safe operation | Equipment in patient compartment safely secured | Doors, latches, and handles working properly | Patient lift platform working properly | Positive means of securing/locking wheelchair/stretcher | Properly designed passenger safety belts and/or straps | Radio/tablet/cell phone)for communication with base station | Exterior lights – high, low, turns, brake, tails, backup | Interior clean, sanitary and in good working order |
|-------------------------|-------------------------------------|---|---------------------------------------|-------------------------------------|-------------------------------|--------------------------|---|---|---|--|---|--|---|--|--|
| 112 | BUHQOB | 204 GP44L 05R195 958 | | | | | | | | | | | | | |
| 1 1/2 2 1/6 3 117 | 617014 | 2 D46P44L96R 630266 1046P24R77B 256507 | | | | | | | | | | | | | |
| 3. | EDWP 96 | 1046P24R77B256507 | | | | | | | | | | | | | |
| 114 | KG DN38 | 10467 24R 54B 533263 | | | | | | | | | | | | | |
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| 12. | | | | | | | | | | | | | | | |

| Form | C-1 | Rev. | 02/06/2017 | |
|------|-----|------|------------|--|
| | | | | |

| EMS INSPECTOR: | Date: | |
|----------------|-------|--|
| | | |



WHEELCHAIR / STRETCHER DRIVER ROSTER Pinellas County Rules and Regulations, as Amended

| Name of Service: | A Trinity Wheelchair Transportation | Page: | _ 1 | of | 1 |
|------------------|-------------------------------------|-------|-----|----|---|
| | | | | | |

Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

| Name (Last, First) Also list "nick-name" if applicable | Class E Driver's License Number | Expiration Date | Date of Birth | Assigned EMS ID # |
|--|------------------------------------|-----------------|---------------|----------------------|
| Gluck, Gerald (Jerry) | G420-290-64-188-0 | 05/28/2022 | 05/28/1964 | 571196 |
| Saari, Steven | S-600-793-58-042-0 | 02/07/2025 | 02/07/1958 | 571200 |
| McVey Jr., John | M210-461-50-121-0 | 04/01/2026 | 04/01/1950 | |
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Named insured

TRINITY MOBILITY INC A TRINITY WHEELCHAIR TRAN 8343 ROYAL HART DR NEW PORT RICHEY, FL 34653

Commercial Auto Insurance Coverage Summary This is your Renewal Declarations Page

Policy number: 04047187-2

Underwritten by:
Progressive Express Ins Company
June 13, 2019
Policy Period: Aug 1, 2019 - Aug 1, 2020
Page 1 of 3

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-727-544-8841 ARCW INSURANCE

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by August 1, 2019.

Your coverage begins on August 1, 2019 at 12:01 a.m. This policy expires on August 1, 2020 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852FL (10/04), 1652FL (08/12), 4757FL (01/13), 1198 (01/04), Z311 (11/07), Z313 (05/07), 4852FL (10/04), 4881FL (01/13) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

| Description | Limits | Deductible | Premium |
|---|--|---|----------|
| Liability To Others | | ••••• | \$7,165 |
| Bodily Injury and Property Damage Liability | \$500,000 combined single limit | | 4,,,00 |
| Uninsured Motorist Non-Stacked | \$50,000 combined single limit | *************************************** | 1,188 |
| Basic Personal Injury Protection | | | 354 |
| Without Work Comp-Named Insured & Relatives | \$10,000 each person | \$0 | 551 |
| Medical Payments | \$5,000 each person | | 105 |
| Comprehensive | The second of th | | 736 |
| See Auto Coverage Schedule | Limit of liability less deductible | | 730 |
| Collision | | | 523 |
| See Auto Coverage Schedule | Limit of liability less deductible | | 2,122 |
| Rental Reimbursement | | | 201 |
| See Auto Coverage Schedule | | | |
| Roadside Assistance | | •••••• | 135 |
| See Auto Coverage Schedule | | | |
| Subtotal policy premium | | | \$10,407 |
| Fees | | | 20 |
| Total 12 month policy premium and fees | | | \$10,427 |
| Discount if paid in full | | | -1400 |
| Total 12 month policy premium if paid in fu | II | | \$9,027 |

Rated driver



Policy number: 04047187-2 TRINITY MOBILITY INC Page 2 of 3

| 1 | SERALD GLUCK | |
|----|----------------|-------|
| 2 | OHN MCVEY | ••••• |
| 3. | TEVEN SAARI | |
| 4. | LIZABETH SAARI | |

Auto coverage schedule

| 1. | 2005 Dodge Grand Caravan | | | Stated Amount: | *\$17,500 (including Permanently Attached Equip) | | |
|-----------------|----------------------------|-------------------|-------------------------|----------------------|--|-------------|--|
| | VIN: 2D4GF | 44L05R1959 | 58 | Garaging Zip Code: | | Radius: 100 | |
| Liability | Liability | UM/UIM BI | PIP | Med Pay | | | |
| Premium | \$1,684 | \$297 | \$89 | \$34 | | | |
| Physical Damage | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | | | |
| Premium | \$500 | \$164 | \$500 | \$96 | | | |
| Other Coverages | Rental Limit | Rental Premium | Roadside Limit | Roadside Premium | | Auto Total | |
| Premium | \$50 per day Max \$1500 | \$67 | Selected | \$46 | | \$2,477 | |
| | | | | | | | |
| | 22222 | | | | | | |

| 2. | | e Grand Car | | Stated Amount: *\$20,000 | (including Permanently Attached Equip) |
|-----------------|----------------------------|-------------------|-------------------------|--------------------------|--|
| | VIN: 2D4GF | P44L96R63026 | 56 | Garaging Zip Code: 34653 | Radius: 100 |
| Liability | Liability | UM/UIM BI | PIP | Med Pay | |
| Premium | \$1,751 | \$297 | \$89 | \$35 | |
| Physical Damage | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | |
| Premium | \$500 | \$181 | \$500 | \$107 | |
| Other Coverages | Rental Limit | Rental Premium | Roadside Limit | Roadside Premium | Auto Total |
| Premium | \$50 per day Max \$1500 | \$67 | Selected | \$45 | \$2,572 |

| 3. | | e Grand Car 24R77B2565 | | Stated Amount: *\$23,690 (includin | ng Permanently Attached Equip) Radius: 100 |
|----------------------------|----------------------------|---------------------------|-------------------------|------------------------------------|---|
| Liability Premium | Liability | UM/UIM BI | PIP | Med Pay | |
| | \$1,807 | \$297 | \$89 | \$36 | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | |
| | \$500 | \$199 | \$500 | \$123 | |
| Other Coverages Premium | Rental Limit | Rental Premium | Roadside Limit | Roadside Premium | Auto Total |
| | \$50 per day Max \$1500 | \$67 | Selected | \$44 | \$2,662 |



Policy number: 04047187-2 TRINITY MOBILITY INC

Page 3 of 3

2004 Dodge Grand Caravan

Stated Amount:

*\$26,000 (including Permanently Attached Equip)

VIN: 1D4GP24R54B533263

Garaging Zip Code: 34653

Radius: 100

Liability Premium

Premium

Physical Damage

Liability UM/UIM BI \$1,923 \$297 \$87

Comp Premium

\$192

Comp Deductible \$500

Collision Deductible \$500

Collision Premium \$197

Auto Total \$2,696

Premium discounts

| Policy | | | |
|--|---|--|--|
| 04047187-2 | Business Experience and CDL Experience | | |
| Vehicle | | | |
| 2005 Dodge Grand Caravan 2006 Dodge Grand Caravan 2007 Dodge Grand Caravan 2004 Dodge Grand Caravan | Anti-Theft Device 2 Anti-Theft Device 2 Anti-Theft Device 2 Anti-Lock Brakes and Air Bag | | |
| Insured information | | | |

Additional I

Additional Insured MTI AMERICA

1350 S POWERLIN POMPANO BEACH, FL 33069

Agent signature

Warter

Patriciall. Como

Company officers

Secretary

^{*}A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

| | COMMON POLICE | CY DECLARATIONS ===== | | |
|---|---|---|--|--|
| Renewal of CPS3118322 | Hom | isdale Insurance Company ne Office: a = Columbus, Ohio 43215 | Policy Number CPS3160701 SURPLUS LINES AGENT: Dawn M, Belin | |
| 8877 | LIC #: A290250 A290258 1551 Sawgrass Corp. Parkway Ste#220 Sunriae, FL 33323 258 | | | |
| ITEM 1. Named Insured and Mailir | | A STOCK COMPANY | PROD. AGT. GEORGE SALISMAN Street 18936 N DALE MABRY HWY City LUIZ, FL 33548 | |
| TRINITY MOBILITY INC 8343 ROYAL HART DR NEW PORT RICHEY, FL 346 | | This insurance is issued pursuant to t Surplus Lines Laws, Persons insured Lines Carriers do not have the protect Florida Insurance Guaranty Act to the any right of recovery for the obligation insolvent unilcensed insurer. | | |
| Agent Name and Address | | | Quarter 4TH 2019 | |
| ALL RISKS OF THE SOUTHEA 12750 CITRUS PARK LANE SUITE 110 | ST | | Premium 1,177 Tax 63.85 Agents Countersignature MUNIM. Bestin | |
| TAMPA, FL 33625 | | Agent No.: 09044 | Program No.: мн | |
| ITEM 2. Policy Period F | rom: 10/21/2019 | To: 10/21/2020 | Term: 366 DAYS | |
| 12:01 A.M., Standard Time at the mailing address shown in ITEM 1. | | | | |

Business Description: NON-EMERGENCY MEDICAL TRANSPORT

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

| | Add USA STORAGE STORAGE STORAGE | |
|---|---------------------------------|-----------------|
| Coverage Part(s) | | Premium Summary |
| Commercial General Liability Coverage Part | 1,177 | |
| Commercial Property Coverage Part | \$ | NOT COVERED |
| Commercial Crime And Fidelity Coverage Part | \$ | NOT COVERED |
| Commercial Inland Marine Coverage Part | \$ | |
| Commercial Auto Coverage Part | \$ | |
| Professional Liability Coverage Part | \$ | |
| | \$ | |
| | Ψ. | * |
| POLICY FEE 100.00 | Total Policy Premium: \$ | |
| INSPECTION | s | |
| STATE TAX FL SUR N/A | Φ. | |
| TOTALS 1,342.13 | \$_ | |
| | \$_ | |
| 100% MINIMUM & DEPOSIT | \$_ | |
| 25% MINIMUM EARNED | \$_ | |
| FSLSO SERVICE FEE 1.28 | \$_ | |
| | Policy Total: \$_ | 1,177.00 |
| Form(s) and Endorsement(s) made a part of this policy at time | | |
| 0== 0=::==:::===== | | |

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

UW-AS

Nationwide^{*}



COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

| CPS3160701 | Effective Date | 10/21/2019 | | |
|--|----------------------|--|--|--|
| | | 12:01 A.M., Standard Time | | |
| | | | | |
| Named Insured TRINITY MOBILITY INC | Agent No | 09044 | | |
| Item 1. Limits of Insurance | | | | |
| Coverage | | Limit of Liability | | |
| Apgregate Limits of Liability | | Products/Completed | | |
| | \$500,0 | Operations Aggregate | | |
| | | General Aggregate (other than | | |
| | \$ 500,0 | OO Products/Completed Operations) | | |
| Odverage A - Bodily Injury and | | any one occurrence subject | | |
| Property Damage Liability | | to the Products/Completed | | |
| | 70.22 | Operations and General | | |
| | \$500,00 | Aggregate Limits of Liability | | |
| | | any one premises subject to the | | |
| | | Coverage A occurrence and | | |
| | | the General Aggregate Limits | | |
| Damage to Premises Rented to You Limit | \$100,00 | | | |
| Coverage B - Personal and | | any one person or organization | | |
| Advertising Injury Liability | | subject to the General Aggregate | | |
| | \$ 500,00 | | | |
| Coverage C - Medical Payments | | any one person subject to the | | |
| | | Coverage A occurrence and | | |
| | \$5,00 | the General Aggregate Limits | | |
| Item 2. Description of Business | | | | |
| Form of Business: | | | | |
| ☐ Individual ☐ Partnership ☐ Joint Ventu | | Limited Liability Company | | |
| ☑ Organization including a corporation (other than Part | nership, Joint Ventu | re or Limited Liability Company) | | |
| Location of All Premises You Own, Rent or Occupy: See Schedule of Locations | | | | |
| | | | | |
| | | | | |
| item 3. Forms and Endorsements | | | | |
| Form(s) and Endorsement(s) made a part of this policy at time | e of issue: | | | |
| See Schedule of Forms and Endorsements | | | | |
| Item 4. Premiums | | the control of the co | | |
| Coverage Part Premium: | · | \$ 1.177 | | |
| Other Premium: | | \$ | | |
| Total Premium: | | \$ 1,177 | | |

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.